

**Eurofins Clinical Genetics Ireland Ltd**

## SEPA Direct Debit Mandate

By signing this mandate form, you authorise (A) **Eurofins Clinical Genetics Ireland Limited** to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from **Eurofins Clinical Genetics Ireland Limited**. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

**Please complete all the fields marked \***

**Unique Mandate Reference:**  
**'For Office Use Only'**

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Creditor's name:	<b>Euofins Clinical Genetics Ireland Limited</b>
Creditor identifier:	<b>IE90ZZZ363423</b>
Creditor Address:	Three Rock Road, Sandyford Bus. Estate
City:	Dublin 18
Post code:	Co. Dublin
Country:	Republic of Ireland

Type of payment\*:

### Recurrent payment

11

or

**One-Off payment**

1

**Debtor Name\*:**

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**Debtor Address:**

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City:

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**Post Code:**

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**Email:**

**Debtor account number – IBAN \*:**[illegible]**Debtor bank identifier – BIC\*:**[illegible]

**Date of signature \*:**

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**Signature(s): Please sign here\*:**

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**Please return this mandate to [marketing@ctie.eurofinseu.com](mailto:marketing@ctie.eurofinseu.com)**